



2015

Annual Report

Cascade City- County
Health Department

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2015 CCHD ANNUAL REPORT

Dear Citizens of Cascade County,

I am honored to present the 2015 Annual Report for the Cascade City-County Health Department (CCHD). In this document, you will find data and numbers representing the work that is being done by the staff on a daily basis. I would be doing the CCHD staff a disservice if I took credit for this incredible work. I simply help set the course for the Organization. I am honored and fortunate to be surrounded by a staff such as those employed by the Cascade City-County Health Department.

Although the breadth of what is covered by Public Health varies vastly, one similarity that exists with every member of our workforce is the passion that they possess. This drive is what helped us accomplish so many things in 2015, including:

- Ongoing efforts to become an accredited agency, which included completion of the next step in the formal process - submission of all documentation to the Public Health Accreditation Board.
- Working to meet the needs of the community by purchasing and implementing a new software system that will assist our Agency in tracking critical information, increasing transparency, and reducing redundancy.
- Constantly endeavor to not only maintain good fiscal practices but remain diligent in our efforts to streamline our financial processes, utilize resources in the most efficient manner possible, collaborate with community partners, and ensure responsible utilization of funds.
- Continuous promotion of a positive working culture and commitment to the community to work towards our Vision of "Healthy People in a Healthy Community".

What the numbers reflected in the following pages may fail to convey is the numerous lives touched by our amazing staff in a way that cannot be measured. I invite anyone to contact me for an opportunity to come to CCHD, receive a tour, meet our staff, and learn more about Public Health.

Respectfully,



Tanya Houston, Health Officer

April 8, 2016

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Board of Health

Bill Bronson, Chair– City of Great Falls Commission

Tammy Lacey, Vice Chair – School District #1

Jane Weber– Cascade County Commission

Ryan Burke – Cascade County Representative

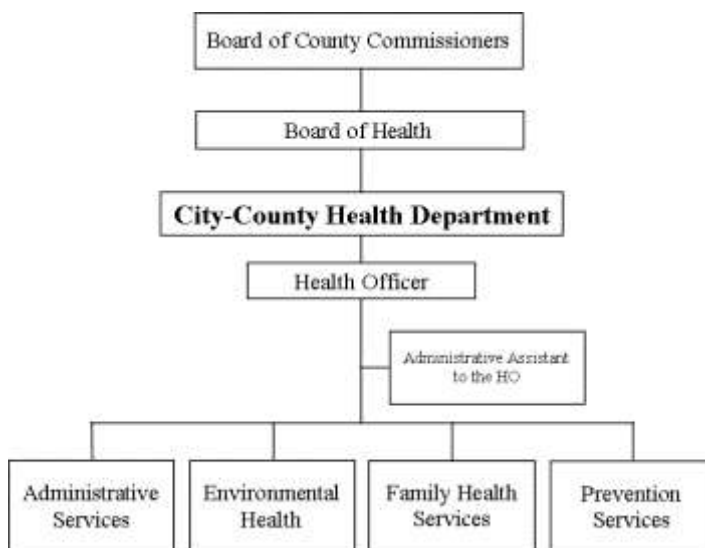
Matt Martin, DDS – 4th District Dental Society

Ray Geyer, DO – Cascade County Medical Society

Peter Gray, Benefis – City of Great Falls Representative

Our vision:

Healthy People in a Healthy Community



THE MISSION OF THE CASCADE CITY-COUNTY HEALTH DEPARTMENT IS TO PREVENT DISEASE AND ILLNESS, ENSURE A HEALTHY ENVIRONMENT, PROMOTE HEALTHY CHOICES, AND DELIVER QUALITY SERVICES

This report contributes documentation for the following Public Health Standards: 4.2.2 A, 12.1.1 A, 12.2.1 A, 12.2.2 A, and 12.3.1 A.

2015 CCHD ANNUAL REPORT

CCHD Leadership

Tanya Houston – Health Officer

Trixie Smith, RN, BSN – Prevention Services Division Manager

Jo-Viviane Jones, BSW – Family Health Services Division Manager

Sandy Johnson, RS – Environmental Health Services Division Manager



Prevention Services Division

Prevention Services works to prevent disease and illness in our community, promote healthier choices and behaviors, prepare for and respond to public health emergencies, investigate disease outbreaks, provide quality health information, and billing for clinical services, as well as CCHD reception and data entry duties.

Family Health Services Division

Family Health Services works to enhance the health and safety of the families in our community. The division works toward this goal with education efforts, screenings, and services provided and referrals to community partners.



Environmental Health Services Division

Environmental Health Services focuses on providing a healthy environment for the residents of our community. The division promotes a healthy environment through education, monitoring, and enforcement of state law and regulations in several programs.

Administrative Services

Administrative Services is responsible for fiscal oversight of all CCHD programs including program budgets, and accounts.

Public Health Core Functions and Ten Essential Services

The following core functions of public health and ten essential services provide the framework for all activities of the Department:

Core Function 1 – Assessment

Assessment, monitoring, and surveillance of local health problems and needs, and of resources for dealing with them

Essential Service 1: Monitor health status and understand health issues facing the community

Essential Service 2: Protect people from health problems and health hazards

Core Function 2 – Policy Development

Policy development and leadership that fosters local involvement and a sense of ownership that emphasizes local needs and that advocates equitable distribution of public resources and complementary private activities commensurate with community needs

Essential Service 3: Give people the information they need to make healthy choices

Essential Service 4: Engage the community to identify and solve health problems

Essential Service 5: Develop public health policies and plans

Core Function 3 – Assurance

Assurance that high quality services, including personal health services, needed for protection of public health in the community are available and accessible to all persons; that the community receives proper consideration in the allocation of federal, state, and local resources for public health; and that the community is informed about how to obtain public health, including personal health services, or how to comply with public health requirements

Essential Service 6: Enforce public health law and regulations

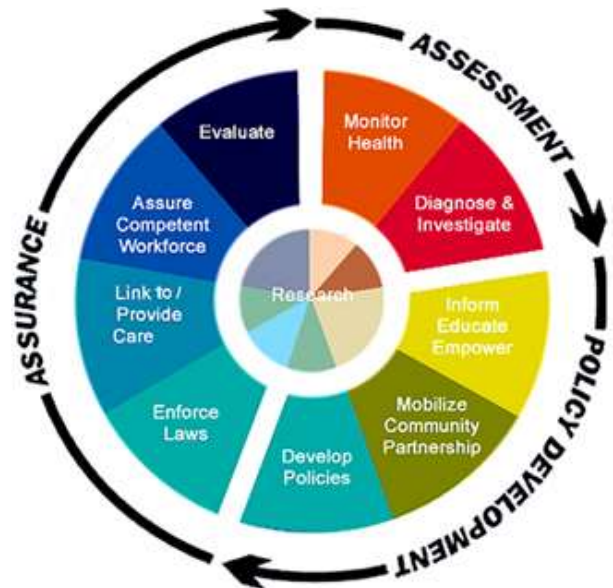
Essential Service 7: Help people receive health services

Essential Service 8: Maintain a competent public health workforce

Essential Service 9: Evaluate and improve programs

Core Function 4 – System Management

Essential Service 10: Research - Contribute to and apply the evidence base of public health



Montana Code Annotated 50-1-105. Policy –Purpose

- (1) It is the policy of the state of Montana that the **health of the public be protected** and promoted to the extent practicable through the public health system while respecting individual rights to dignity, privacy, and nondiscrimination.
- (2) The purpose of Montana's public health system is to provide leadership and to protect and promote the public's health by:
 - (a) promoting conditions in which people can be healthy;
 - (b) providing or promoting the provision of public health services and functions, including:
 - (i) **monitoring health status** to identify and recommend solutions to community health problems;
 - (ii) **investigating and diagnosing** health problems and health hazards in the community;
 - (iii) **informing and educating** individuals about health issues;
 - (iv) coordinating public and private sector collaboration and action to identify and solve health problems;
 - (v) **developing policies**, plans, and programs that support individual and community health efforts;
 - (vi) **implementing and enforcing laws and regulations** that protect health and ensure safety;
 - (vii) **linking individuals to needed personal health services** and assisting with needed health care when otherwise unavailable;
 - (viii) to the extent practicable, **providing a competent public health workforce**;
 - (ix) **evaluating effectiveness, accessibility, and quality** of personal and population-based health services; and
 - (x) to the extent that resources are available, **conducting research for new insights** on and innovative solutions to health problems;
 - (c) **encouraging collaboration** among public and private sector partners in the public health system;
 - (d) seeking adequate funding and other resources to provide public health services and functions or accomplish public health system goals through public or private sources;
 - (e) striving to ensure that public health services and functions are provided and public health powers are used based upon the best available scientific evidence; and
 - (f) implementing the role of public health services and functions, health promotion, and preventive health services within the state health care system.
- (3) Title 50, chapter 2, and this chapter may not be construed to require an individual or agency within the public health system to provide specific health services or to mandate state public health agencies and local public health agencies to implement unfunded programs.

History: En. Sec. 1, Ch. 150, L. 2007.

2015 CCHD ANNUAL REPORT

Clinical Services

Immunizations

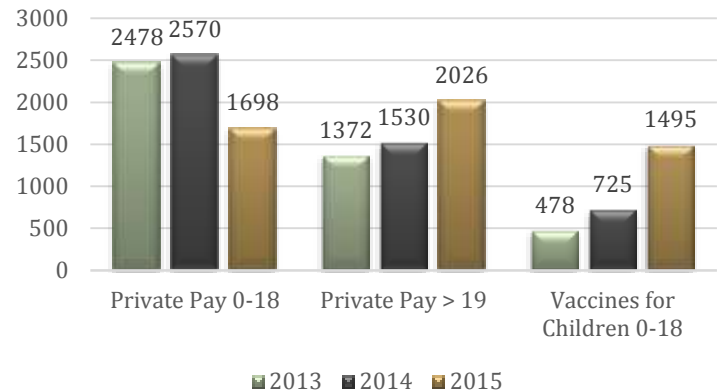
Vaccinations are offered on a walk-in basis to children and adults of all ages. Vaccinations are available to all children regardless of ability to pay.

School immunization requirements were changed in 2015 to include varicella vaccinations and a pertussis booster. CCHD was utilized as a resource for providers and school personnel regarding immunization requirements.

ADMINISTERED
4,020 FLU
VACCINATIONS
DURING 2015 FLU
SEASON



Immunizations



Additional Services

Service Provided	2015	2014	2013
MMR Titer	19	11	18
Varicella Titer	138	24	81
Hepatitis A& B Titer	79	38	82
Cholesterol Panels	1	3	8
TB Skin Tests	946	737	947
Blood Pressure Screenings	13	4	13
Pregnancy Tests	1	3	20
Lead Level Follow-up	5	3	3
Hepatitis C Tests	303	271	242
Lice Checks	127	134	162
Biometric Screenings	0	27	81
Blood Born Pathogen Post Exposure Prophylaxis (PEP)	3	4	0
Total	1635	1259	1657

750 CLIENTS WERE VACCINATED

AT THE ANNUAL WALK-IN
COMMUNITY FLU SHOT CLINIC.

216 DURING THE DRIVE
THROUGH CLINIC

2015 CCHD ANNUAL REPORT

Reported Communicable Diseases in Cascade County

Disease	2015	2014	2013
Amebiasis	0	0	1
Campylobacter	24	25	16
Chikungunya	1	0	0
Chlamydia	429	473	472
Coccidioidomycosis	1	1	0
Cryptosporidiosis	1	6	17
Diarrheal Outbreak	0	2	1
e. Coli non-0157 (STEC)	14	2	3
Giardia	4	12	9
Gonorrhea	68	22	7
Hepatitis B	5	8	5
Hepatitis C	151	138	76
Histoplasmosis	0	1	0
HIV	1	1	1
Influenza	262	372	389
Legionella	3	2	1
Lyme Disease	0	1	1
Norovirus	30	29	10
Pertussis	46	29	12
Q Fever	2	0	0
Respiratory Syncytial Virus (RSV)	117	75	95
Rocky Mountain Spotted Fever	1	0	2
Salmonella	16	12	10
Shigella	3	32	0
Strep Pneumonia (Invasive)	1	2	1
Syphilis	1	1	2
Transmissible Spongiform Encephalopathy	0	0	1
Tuberculosis (TB)	1	2	2
Varicella	2	5	2
West Nile Fever	1	2	1
Totals	1185	1255	1137

Communicable Disease

Montana requires providers to report cases for more than 60 specific diseases to local health departments. When a report is received, CCHD investigates and provides education to prevent further spread of illness and to contact exposed individuals if treatment and monitoring for symptoms is needed.

STI Clinic

Sexually transmitted infections (STIs) are among the most commonly reported diseases in Cascade County. CCHD offers screening for STIs (Chlamydia and Gonorrhea), treatment, contact investigations, and safer sexual health counseling.

35%

POSITIVITY
RATING FOR
STI CLINIC
TESTING

381 RAPID

HIV TESTS
PERFORMED IN

2015. 366 OF

THEM TO
HIGHER RISK
INDIVIDUALS

HIV Testing

CCHD offers confidential and anonymous HIV testing on a walk-in basis. HIV testing is available in the form of a rapid test, which provides results in 20 minutes. Offsite testing is also done at local treatment and correctional facilities.



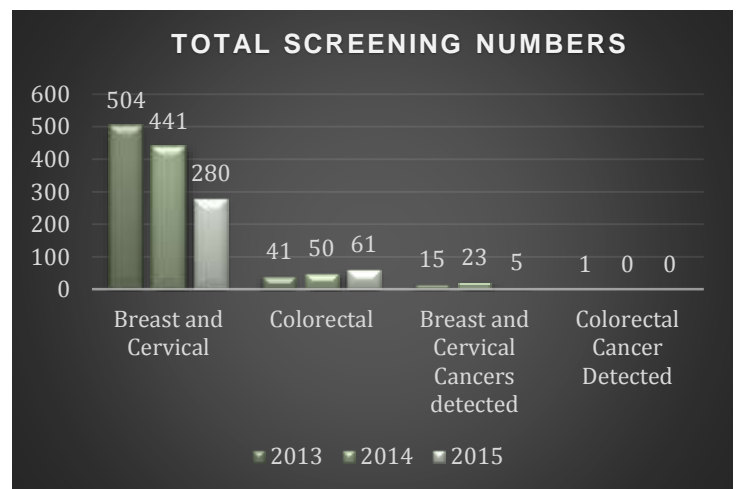
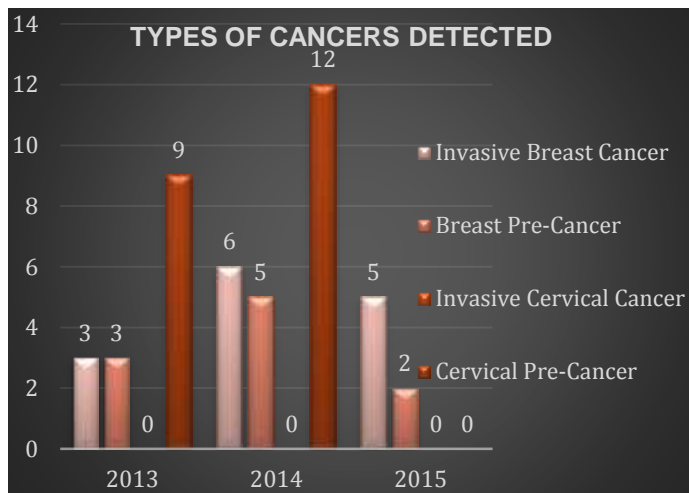
Case Management

CCHD case management services are available through the Ryan White program, a federally funded program that assists persons with HIV/AIDS. Within this program there are funds available, based on income and other qualifying factors, to assist with AIDS Drug Assistance, medical care, housing assistance, and other outreach referrals. In 2015, HIV program staff supported 28 individuals through case management services.

Health Promotion and Education

Cancer Control

The Montana Cancer Control Program (MCCP) works to implement cancer prevention and control activities statewide. The program promotes early detection of breast, cervical, and colorectal cancer by helping cover costs of screenings for eligible men and women and works to reduce the incidence, morbidity and mortality of cancer in our community.



MCCP implements public education activities, and perform evidence-based cancer control activities through worksite wellness programs.

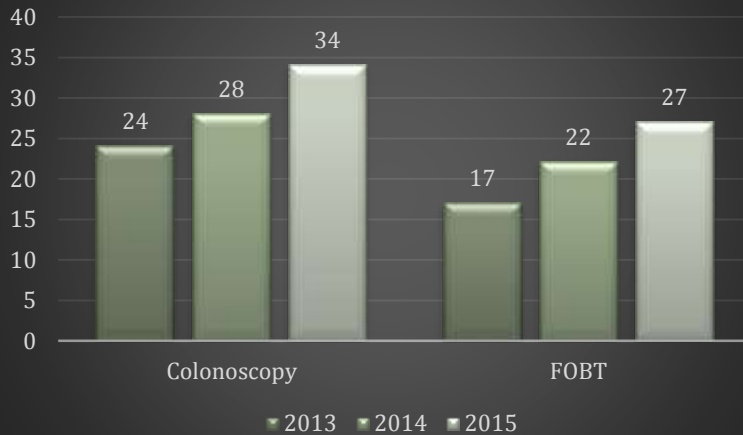
Wellness and cancer prevention outreach and events in 2015 included:

- Sean Foy, a renowned authority on fitness and healthy living, presented two successful workshops: one for businesses across the state and the other for MCCP contractors.
- Collaborated with MCCP in creating a marketing piece for Health Promotion Specialists in 13 counties. This tool will be used as a resource when meeting with employers about what the MCCP offers for worksite wellness assistance.
- Conducted three successful “Ask Me” cancer prevention campaigns with local businesses.

CCHD’S HEALTH
PROMOTION SPECIALIST
RECEIVED THE “2015
BETTE BOHLINGER AWARD
NOMINEE” FROM THE
MONTANA CANCER
COALITION

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Colorectal Screening Numbers



The Montana Cancer Control Program held a “FluFit” event in 2015. FluFit programs help increase access to Colorectal Cancer screening by offering take-home screening tests to patients at the time of their annual flu shots. We collaborated with Community Health Care Center to reach out to eligible patients through their monthly billing statements and set up two FluFit events to educate and assist individuals in getting screened for colorectal cancer and receiving their flu shots.



66 FIT CARDS WERE
DISTRIBUTED AND 57
WERE RETURNED. 12
OF THE RETURNED
CARDS SHOWED
ABNORMAL READINGS

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Tobacco Use Prevention

The Tobacco Use Prevention program provides education on tobacco-related health issues and promotes tobacco-free living through the following:

- Tobacco Days of Action to raise awareness on tobacco-related issues. Days and events include Through with Chew Week, Kick Butts Day, No Tobacco Day, Red Ribbon Week, Great American Smoke out, and World No Tobacco Day.
- Promotion of smoke-free facilities and events including tobacco-free Alive @ Five and smoke-free policies in multi-unit housing.
- The ReACT Youth Program collaborated with KRTV to make a TV commercial.



RESPONDED TO **6** CLEAN INDOOR AIR
VIOLATIONS IN 2015



PREVENTION SERVICE STAFF
PROVIDE EDUCATION AND
OUTREACH TO DOZENS OF
BUSINESSES AND
ORGANIZATIONS.

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Public Health Emergency Preparedness (PHEP)

The PHEP program develops and sustains public health emergency preparedness and response capabilities for terrorism events, disease outbreaks, and other public health emergencies.



CCHD FACILITATED A FULL SCALE EXERCISE FOR RESPONDING TO EBOLA VIRUS DISEASE CASES.

THE MULTI-AGENCY RESPONSE INCLUDED LOCAL EMS, BENEFIS HEALTH SYSTEM AND DEPARTMENT OF HEALTH AND HUMAN SERVICES

The purpose of the Ebola exercise was to evaluate player actions against current response plans and capabilities for a public health emergency requiring incident response involving the identification, diagnosis, and transfer of a suspected Ebola patient. It identified gaps in current capabilities and focused on identifying and developing priority capabilities and tasks. The entire exercise was documented on video to be used for training.

A bat was brought into North Middle School in June of 2015. The bat was unable to be located after the incident was brought to the attention of the health department.

- CCHD exercised our core capabilities of information sharing, public health surveillance and epidemiological investigation, as well as emergency public information and warning.
- Demonstrated effective coordination and communication with potential exposures by tracing contacts, recommending treatment and conducting follow up with contacts and cases.
- Demonstrated the ability to effectively communicate with the public regarding rabies and control measures.



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Public Information and Communications

- Provided up-to-date, proactive public information.
 - **53** CCHD related news stories. Examples in 2015 included seasonal influenza, pertussis, measles, new immunization requirements, rabies, shigella, Ebola, and gastrointestinal illnesses.
 - Information was distributed by means of news releases, posters, fact sheets, letters to targeted community members, along with website and social media posts.

389,404
visits to CCHD
website



30- Second commercials aired on KRTV highlighted WIC, Breast Cancer screenings, and aided in sanitarian recruitment.

Community Collaboration:

CCHD Family Health Services continued to work closely in collaboration with the Great Falls Early Childhood Coalition (GFECC). A 72-hour respite facility for children is becoming a reality. "Toby's House" will provide a safe haven for children whose parents are in crisis.

The Great Falls Consented Referral System also became a reality. 76 of 80 users from 22 agencies were trained in November 2015.



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MATERNAL INFANT EARLY CHILDHOOD HOME VISITING (MIECHV)

“Parents as Teachers”

The philosophy underlying Parents as Teachers (PAT) is that parents are children's first and most influential teachers. The role of the Parent Educator is to help families give their children a solid education foundation during their preschool years. Through our partnership with Opportunities Inc. PAT services are also available at Head Start in Cut Bank. Quality Life Concepts is also partnering with our PAT program. In 2015, the program provided:

- In-home parenting education to **153** parents and **186** of their children;
- Many of the parents/mothers PAT served are socially isolated due to domestic abuse, socioeconomic factors, and mental health problems.



172 CHILDREN RECEIVED COMPLETE DEVELOPMENTAL
SCREENINGS. **105** WERE IDENTIFIED WITH SOCIAL/EMOTIONAL
PROBLEMS.



Families served by this program had the following characteristics:

- 88 teen parents
- 50 children with disabilities
- 36 children with chronic health conditions
- 79 parents with mental illness
- 144 parents with low educational attainment
- 150 low income
- 69 substance abuse
- 44 homeless or unstable housing
- 69 low birth weight infants
- 41 domestic violence and
- 49 had some suspected or substantiated abuse/neglect history

2015 CCHD ANNUAL REPORT

MIECHV “SafeCare” Home Visiting

The “SafeCare” evidence based model is specifically targeted for families who are considered “high risk” for possible involvement with Child and Family Services. Cascade County is identified as one of six “high risk” communities for child abuse and neglect in Montana. Other states that used this model saw a reduction in child abuse and neglect by more than 26%. Safe Care services are provided through CCHD and the following partner agencies: Great Falls Public Schools, Indian Education program and Big Sky Therapeutic services. Eligibility requirements for this voluntary home visiting program are:

- Users of tobacco products in the home
- Current or former members of the armed forces
- Children with developmental delays or disabilities
- Pregnant women under 21 years of age
- Low student achievement
- Low income
- History of substance abuse or needs substance abuse treatment
- History of child abuse/neglect or previous interactions with Child and Family Services Division (CFSD)



Maternal Child Health and MIECHV Home Visiting Program Participation	2015	2014
Maternal & Child Health Block Grant Clients	339	425
NICU High Risk Infant Follow-Up Referrals	249	164
Maternal & Child Health Block Grant/pregnant women	1031	125
Maternal & Child Health Block Grant/Infants under age 1	2870	275
Maternal & Child Health Block Grant/Children 1-22	4366	150
Maternal & Child Health Block Grant/Women of childbearing age	1614	N/A
Healthy Montana Families Enrollment	32	12
MIECHV Expansion Enrollment	39	17
MIECHV SafeCare Enrollment	17	9
Parents as Teachers Family Connection Events	11	12
Parents as Teachers Family Connection Attendees	233	134

Foster Child Health Program- Home Visiting

The Follow the Child program is an effort between CCHD and the Department of Child and Family Services (CFSD) to provide medical support and follow-up for children 0-2 who enter the foster system for the first time or are a re-entry into the system. Two Public Health Nurses provide health care case management, ensuring children receive all scheduled and recommended medical care while they are out of their biological home. A medical summary for each child is sent to CFSD monthly.

Fetal Infant Child Maternal Mortality Review (FICMMR)

The Cascade County FICMMR team is a multi-disciplinary team including Benefis physicians and nurses, Cascade County Coroner, Department of Family Services, mental health providers, and local law enforcement. A CCHD Public Health Nurse gathers information on all infant, child, and maternal deaths in Cascade County and 6 other counties across Montana. The nurse prepares these cases for review by the FICMMR team of professionals. In 2015 the program reviewed **10** cases for Cascade County to determine whether the deaths were preventable and develop strategies and/or activities to prevent these deaths in the future.

Maternal Child Health (MCH)

This program is devoted to improving the health of all women, children and families, including those with special health care needs. Nurses, Social Workers, Parent Educators, Nutrition Educators and Registered Dietitians provide preventive services to pregnant women, mothers and infants up to age one, children, and children with special health care needs.

These services include the medical follow-up for all Neonatal Care Unit infants, postnatal depression screenings, conducting developmental screenings and tracking of developmental milestones, nutrition education, parent education and support, and community referrals and resourcing. Families served who lack appropriate resources to care for their children, are referred to a multitude of programs.

100 %
ENROLLMENT IN
2015



2015 CCHD ANNUAL REPORT

Oral Health Education Program

The Oral Health Education Program teaches elementary grade children of Cascade County the importance of oral health, brushing, and flossing as well as tooth structure, names of teeth, and tooth development. The Oral Health Educator stresses the importance of

5,885

CHILDREN
SERVED DURING
2015/2016
SCHOOL YEAR



prevention and good nutrition to prevent cavities and gingivitis. All public elementary schools (city and rural), two parochial schools, and four Hutterite Colonies are included in the program.

Circle of Security Parenting

Circle of Security-Parenting (COS-P) is an early intervention program focused on how parent/child relationships can be strengthened. This unique approach teaches parents, and those helping them, new ways to understand children's needs and behavior. By

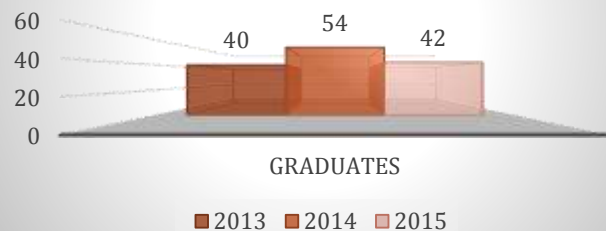
TWO

ADDITIONAL
STAFF MEMBERS
COS-P CERTIFIED

strengthening caregiver/child relationships, this program helps reduce the child abuse and neglect rate in Cascade County.



Circle of Security Parenting Class Participation



42 parents successfully graduated from the program in 2015. Several of these parents are currently receiving additional one-on-one support through our home visitation program.

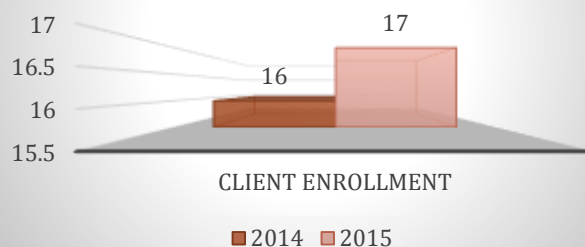
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Montana Asthma Program (MAP)

The MAP utilizes Public Health Nurses, with a caseload of 7 families each, to provide education to children ages 0-17 years with uncontrolled asthma. The program teaches their families about self-management of asthma and control of environmental asthma triggers. Home-visiting interventions for children with asthma are evidence based and have been shown to have a positive return on investment.



Montana Asthma Home Visiting Program



Buckle Up Montana (BUMT/DOT)

Buckle Up Montana, a program of the Montana Department of Transportation, works to teach parents and caregivers how to use their car seats safely, as well as to encourage everyone to wear their seat belts at all times inside a moving vehicle. In 2015 staff performed 351 car seat safety checks, and distributed 194 car seats to parents and caregivers.

74% OF GREAT
FALLS DRIVERS
BUCKLE UP
THE NATIONAL
AVERAGE IS **87%**



Buckle Up Activities	2015	2014	2013
BUMT Car Seat Checks or Installations	351	215	51
BUMT Car Seats Given Away or Sold	194	103	26
Participants reached through educational events and classes	439	66	35

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WIC (Women, Infants, Children)

WIC Program Results	2015	2014	2013
WIC – Nutrition Education Contacts/Visits	19,888	20,016	20,232
WIC – Nutrition Education Contacts/Malmstrom AFB <i>(not staffed 6 months in 2015)</i>	342	900	96
WIC redemption amount	\$1,279,896	\$1,279,900	N/A
WIC Farmers Market Nutrition Program benefits redemption amount	\$6101	\$5,995	N/A
WIC Farmers Market benefits issued	1770	1776	1776
WIC Farmers Market benefits redeemed	1221	N/A	N/A

Nutrition Education

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) helps lower-income women who are pregnant, breastfeeding, or recently had a baby and infants and children up to age 5 who are at nutritional risk with nutrition education and support.

WIC Breastfeeding Peer Counselor Program

WIC provides breastfeeding information, support, and counseling to pregnant mothers beginning the 3rd trimester and after the baby is born. The breastfeeding sub-committee, which was formed as part of the Great Falls Early Childhood Coalition (GFECC), continued to meet monthly and provide support to breast feeding mothers.



2015 CCHD ANNUAL REPORT

Air Quality

CCHD maintains the Montana Department of Environmental Quality (DEQ) air monitor for small particulates under 2.5 microns in size. In 2015, Cascade County had two days of concentrations of particulates that exceeded 80% of the Federal Ambient standards in late August. These elevated levels were caused by smoke from regional wild fires. CCHD also conducts annual emission inspections for 18 minor point sources in the county.



Daycare Centers and Group Homes

In 2015, CCHD Sanitarians conducted 37 inspections of daycare centers, including the HANDS programs within Great Falls elementary schools. Sanitarians also inspect 15 state-licensed group homes. Child care facilities with more than 12 children, ages 0-12, are certified and licensed as a Daycare Center by DPHHS Quality Assurance Division. As part of their licensing approvals, these centers are required to be inspected by CCHD to ensure compliance with Montana regulations.

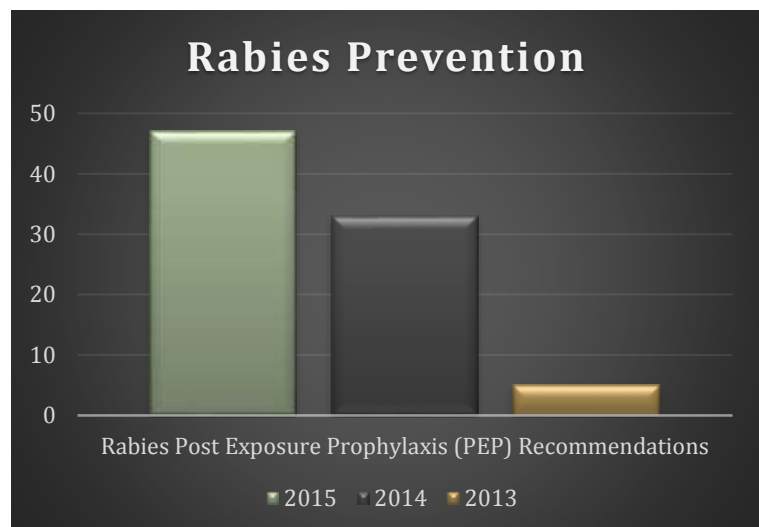
Drinking Water

Public water supplies are inspected and regulated by the Montana Department of Environmental Quality. CCHD has water sample bottles available for individuals to use for their private water source testing. CCHD also provides information to the public on well or cistern disinfection.

Rabies Prevention

Animal bites are investigated to protect the public from exposure to the rabies virus. Rabies is almost always fatal, and taken very seriously. CCHD Sanitarians investigated **202** bite reports and potential bat exposures in 2015. Of those investigations, **91** involved dogs, **50** involved cats, **1** involved a skunk and **60** involved bats. Of the **202** bite and bat investigations, **47** patients were recommended for post exposure treatment due to inability to fully rule out exposure to the rabies virus.

APPROXIMATELY **13**
PEOPLE RECEIVED PEP OUT
OF THE **47** THAT WERE
RECOMMENDED



Food Establishments

There are a wide variety of food operations that CCHD routinely works with. These include routine inspections of licensed food service establishments, new restaurant plan reviews, follow up inspections on critical violations, teaching food safety classes, regulating temporary food events, and monitoring

2015 COTTAGE FOOD LAW ALLOWS CERTAIN LOW RISK FOODS TO BE PREPARED IN HOME KITCHENS WITHOUT LICENSURE.

Farmers Markets. The new Montana Food Code went into effect in January of 2015. A cottage food law also went into effect that allows certain low risk foods to be prepared in individual home kitchen without licensure, but a registration process with the health department is required where the food items, ingredients, and labeling are reviewed and approved prior to a certificate being issued by the state. CCHD reviewed and approved 3 cottage food businesses.

Public Accommodations

The state of Montana licenses public accommodations and the CCHD Sanitarians are required to conduct routine inspections on them to ensure public safety and adequate sanitation. These include:

- hotels
- motels
- bed & breakfasts
- tourist homes

Septic Systems

Safe treatment and disposal of all wastewater is necessary to protect the public's health and the environment. The Environmental Health Services Division issued 137 septic permits in 2015. 83 of these permits were for new septic systems, and 54 were for replacements systems.

Subdivisions

CCHD performs the following in regards to Cascade County subdivisions:

- Contracts with the Montana Department of Environmental Quality to review subdivisions of land in Cascade County less than 20 acres in size to assure compliance with the Montana Sanitation in Subdivisions Act.
- Reviews parcels of land being created that are between 20-160 acres in accordance with Cascade County Subdivision Regulations.

7 SUBDIVISION REVIEWS WERE CONDUCTED IN CASCADE COUNTY WITH AN IMPACT OF 14 LOTS TOTAL



2015 CCHD ANNUAL REPORT

47 POOLS
AND SPAS
INSPECTED



Swimming Pools/Spas

CCHD inspects licensed public swimming pools and spas in Cascade County annually for safety and sanitation compliance with state regulations.

Tattoo/Body Piercing Establishments

CCHD Sanitarians inspect and license all tattoo and body piercing establishments in Great Falls and Cascade County.

22
ESTABLISHMENTS
INSPECTED



Trailer Courts/Campgrounds

CCHD annually inspects all state licensed trailer courts and campgrounds in Cascade County to ensure an adequate level of sanitation in sewage disposal, water supply, and solid waste disposal. 50 trailer courts and campgrounds were inspected in 2015.

2015 CCHD ANNUAL REPORT

Superfund

The Environmental health division continues to work with the EPA in a cooperative agreement for the Neihart Superfund site. In 2015, the cooperative agreement was extended until 2020. It is anticipated that CCHD will implement an Institutional Control (IC) program when the remedial action (clean-up of the soils) occurs and into the future when the clean-up is finished.



2015 Environmental Health Services

Type	Total Establishments	Total Investigations/ inspections/ reviews	% Inspected/ reviewed
Licensed Food Establishments	674	651	97%
Food Service Plan Reviews	37	37	100%
Temporary Food Permits	29	29	100%
Temporary Event Non-Profit Registrations w/ plan review	67	67	100%
Group Homes	15	15	100%
Daycare Centers	37	37	100%
Pools and Spas	47	47	100%
Public Accommodations	65	41	61% *
Tattoo/Piercing Establishments	22	22	100%
Trailer Courts/ Campgrounds	52	50	96%
Animal Bites	202	202	N/A
Septic permits issued	137	N/A	N/A
Subdivisions reviewed	7	N/A	N/A

CCHD Sanitarians completed a total of 1,392 visits consisting of inspections, investigations, reviews and the issuing of septic permits.

* Tourist homes and Bed & Breakfasts are only required to have a pre-opening inspection and then only inspected on a complaint basis. There are approximately 25 of these establishments that would account for the lower inspection rate.

** General complaint investigations and follow up inspections of licensed establishments are not included in the above numbers due to limited database capabilities for tracking and reporting.

Administrative Services Division

Administrative Services has a total of 4 FTE which includes the Health Officer, Administrative Assistant, Accountant, and the HIPAA Compliance Officer/Accreditation Coordinator.

All Divisions of CCHD cover a myriad of responsibilities and programs; Administrative Services is no exception. In addition to an overall responsibility for ensuring that CCHD operates in a fiscally and operationally sound manner, tasks that fall under this Division include the following:

- Receive and appropriately process all contracts, Memorandums of Understanding (MOU), grants, business agreements, etc.
- Ensure the timely execution of all contracts
- Track the receipt of revenue from various sources and post and apply payments appropriately
- Record, verify, and manage all purchase requests and payments owed from CCHD
- Schedule, coordinate, prepare for, and document critical meetings, such as the monthly Board of Health (BOH) meetings
- Maintain inventory of all CCHD assets
- Ensure Agency compliance with HIPAA and HITECH
- Oversee all ongoing activities related to the development, implementation, and maintenance of the Department's Policies, Protocols, and Procedures in accordance with applicable federal and state laws
- Pursue Public Health Accreditation

Public health differs from Health Care. Public health works to help improve the health of the whole population, while health care seeks to improve the health of individuals. Much of the work done at CCHD is mandated in State Law and the Administrative Rules of Montana, these are considered the core services. Some of the work, while not mandated, is in the best interest of the public's health; these are contracted services. The two funding streams that encompass the core services are called discretionary funding streams because the Health Department has some discretion in how the funds are spent. All of the other funding streams are from contracts for services; these are commonly called categorical funding streams because the money must be spent in the exact way outlined in the contract.

This 2015 Annual Report provides the numbers for each of the four primary divisions of CCHD and the funding streams that support their work. Each of the four divisions receives funds through multiple funding streams

A monthly finance report is given to the Board of Health in order to ensure accountability and that contract funds are being monitored appropriately.

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Core and Contracted Funding Streams on the Same Fiscal Year (n = 13)

The two tables in this section identify each of the funding streams that are on the same fiscal year as Cascade County. The two core funding streams fund the mandated work required of the City-County Health Department by law. The contracted funding streams are those that fund very specific work and have a contract for service that outlines this work.

Core Funding Streams on the Fiscal Year:

FUND NO.	FUND NAME	REVENUES			EXPENDITURES		
		Budget	Actual	Percent	Budget	Actual	Percent
2270	City-County Health (216)	\$1,157,969	\$1,190,677	103%	\$1,412,902	\$984,161	70%
2270	Environmental Health (428)	\$95,142	\$130,354	137%	\$353,361	\$325,052	81%
	TOTALS	\$1,253,111	\$1,321,031	105%	\$1,813,933	\$1,309,213	72%
		Final + or -	\$67,920	Over	Final + or -	\$(504,720)	

In the two core funding streams, we brought in more revenue than we expected and we spent below the amount expected. The 2270 fund is budgeted for a deficit as the fees generated from the services provided through the divisions do not cover the cost of providing the services. The general fund of Cascade County covers the difference.

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Contracted Funding Streams on the Fiscal Year:

FUND		REVENUES			EXPENDITURES		
NO.	FUND NAME	Budget	Actual	Percent	Budget	Actual	Percent
2855	MAP (544)	\$ 30,000	\$ 30,141	100%	\$ 36,626	\$ 36,626	100%
2864	Tobacco (292)	\$ 72,000	\$ 72,006	100%	\$ 72,000	\$ 72,001	100%
2963	Bioterr (PHEP) (481)	\$ 94,788	\$ 101,192	107%	\$ 94,788	\$ 91,338	96%
2966	Cancer - MT Can Cntrl (471)	\$ 160,480	\$ 213,580	133%	\$ 159,780	\$ 139,945	88%
2967	Air Pollution/Quality (261)	\$ 11,705	\$ 11,705	100%	\$ 11,705	\$ 9,784	84%
2967	Air Pollution/Emissions (452)	\$ 2,029	\$ 2,168	107%	\$ 2,029	\$ 2,072	102%
2971	WIC Farmer's Market (526)	\$ 1,320	\$ 1,320	100%	\$ 1,320	\$ 1,320	100%
2973	MCH (299)	\$ 168,666	\$ 172,620	102%	\$ 168,666	\$ 168,677	100%
2973	HMFP (497)	\$ 105,000	\$ 113,621	108%	\$ 105,000	\$ 104,419	99%
2975	HIV Consort RW B (294)	\$ 30,000	\$ 30,000	100%	\$ 30,000	\$ 29,999	100%
2973	MIECHV SafeCare (298)	\$ 110,560	\$ 110,560	100%	\$ 110,560	\$ 101,567	92%
	TOTALS	\$ 786,548	\$ 858,913	109%	\$ 792,474	\$ 757,748	96%
		Final + or -	\$ 72,365		Final + or -	\$(34,726)	

The eleven funding streams above ended the year collecting more revenue than anticipated and expensing less than anticipated. Each of the above funding streams originates from a contract for service. Most of the contracts outline the maximum amount of revenue that can be earned for the service(s) provided.

Some of these contracts are set up so the Health Department gets reimbursed for the services after the services have been rendered. These contracts typically zero out at the end of the fiscal year. In other words, the amount of revenue received very closely matches the amount expensed during the fiscal year. Others are set up so that the Health Department gets paid after submitting a specific deliverable. With these types of contracts it is possible to complete the work in a more cost effective manner and end the year with some revenue earned. When this happens, the revenue earned, but not expensed, will be rolled forward into the next contract year and budgeted in the expense category.

The Maternal Infant, Early Childhood Home Visiting (MIECHV) Safe Care (2973-298), Maternal Child Health (MCH) (2973-299) and Healthy Montana Families Project(HMFP) (2973-497) programs all have the ability to earn revenue called Targeted Case Management (TCM). This revenue is dependent on the number of client visits that are appropriate for billing for services. We typically budget this anticipated revenue source very conservatively. In this manner if we exceed our expectation we can roll the revenue earned in excess of what was budgeted in the previous fiscal year forward into the next fiscal year. In both MCH and HMFP the TCM revenue was greater than budgeted.

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Contracted Funding Streams on Different Contract Years (n = 4)

The table in this section identifies each of the five funding streams that are on different contract years than Cascade County. These are categorical funding streams.

Contracted Funding Streams NOT on the Fiscal Year:

FUND		REVENUES			EXPENDITURES		
NO.	FUND NAME	Budget	Actual	Percent	Budget	Actual	Percent
2960	BUMT (524)	\$35,000	\$23,775	68%	\$35,000	\$33,645	96% Oct 1 thru Sept. 30 '15
2971	WIC (278)	\$362,826	\$335,735	93%	\$362,826	\$337,609	93% Oct 1 thru Sept. 30 '15
2977	Immunization Program (307)	\$28,842	\$28,842	100%	\$28,842	\$ 28,841	100% Jan 1 thru Dec. 30 '15
2979	Aids/HIV Testing (402)	\$20,066	\$20,062	100%	\$20,066	\$ 20,061	100% Jan 1 thru Dec. 30 '15
	TOTALS	\$446,34	\$408,414	91%	\$446,734	\$420,156	94%
		Final + or -	\$(38,320)		Final + or -	\$(26,578)	

Between these five funding streams, the Health Department received \$43,571 fewer dollars than we had budgeted and expensed \$45,811 less than we had anticipated for expenses.

Contracted Funding Streams on Multiple Years (n = 4)

The four funding streams below are for multiple years. Most of the funding for the MIECHV Expansion Grant (2973-288) is passed through the Health Department to 4 sub-recipients of the grant (Quality Life Concepts, Great Falls Public Schools, Early Childhood Coalition, and Opportunities Incorporated). The Montana Management Support Initiative (MMSI) funds are utilized to update and improve the performance management system used by the Health Department. CCHD has received permission to utilize those funds for continued performance management improvements until fully expensed. The contract with the Environmental Protection Agency for Institutional Controls in Neihart (2969-379) was originally for five years. Due to the delay in Super Fund clean-up, the EPA issued an extension and the funding has been extended for another five years. The contract with the University of New Mexico for research on fetal alcohol spectrum disorders has closed. The research data has been collated and the results of the research were presented at a conference in South Carolina in October 2015.

Contracted Funding Streams on Multiple Years:

FUND		REVENUES			EXPENDITURES		
NO.	FUND NAME	Budget	Actual	Percent	Budget	Actual	Percent
2855	MMSI (361)	\$25,000	\$25,000	100%	\$25,000	\$10,459	42% (June 1 '14- June 30 '15)
2969	Inst Cntrl - Neihart (379)	\$176,288	\$52,247	30%	\$176,288	\$54,802	31% (Aug '08- Aug '15)
2973	MIECHV Expansion (288)	\$236,500	\$182,680	77%	\$236,500	\$160,751	68% (June 1 '14- June 30 '15)
2976	Fetal Alcohol Synd (NM) (310)	\$333,816	\$307,172	92%	\$333,816	\$287,951	86% (Sept. 1 '11- Aug 31 '15)
	TOTALS	\$771,604	\$567,099	73%	\$771,604	\$513,963	53%

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Funding Streams Rolled Forward (n = 4)

The four funding streams below do not have current contracts associated with them. These are funding streams that have remaining funds leftover from contracts that have ended. The balances are available to be expensed in a manner that aligns with the original contract.

The Safe Kids Safe Communities (SKSC) Donations (2960-461) is a fund that remains open in order to receive donations to purchase car seats.

The Emergency Response balance (2963-328) is comprised of funds earned in our regular Emergency Preparedness fund (2963-481) that are not expensed during the contract period. The amount of funds not used during the contract period are rolled into the Response fund.

The Accreditation balance (2966-316) is a result of revenues earned in the Montana Cancer Control Program (MCCP 2966-471) that are not expensed during the contract period. The Accreditation balance is used to support the efforts of the Health Department to achieve accreditation status.

Funding Streams Rolled Forward:

FUND		REVENUES			EXPENDITURES		
NO.	FUND NAME	Budget	Actual	Percent	Budget	Actual	Percent
2960	SKSC Donations (461)	\$ 0	\$1,228	N/A	\$2,014	\$334	17% (available until expensed)
2963	Bioterr (PHEP) (328)	\$ 0	\$0	N/A	\$118,871	\$64,943	55% (response balance)
2966	Cancer - MT Can Cntrl (316)	\$ 0	\$0	N/A	\$20,616	\$13,150	64% (accreditation balance)
4070	Health Dept Reserve (216)	\$ 0	\$0	N/A	\$125,000	\$73,264	59%
	TOTALS	\$ 0	\$1,228		\$266,501	\$151,691	57%

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Overview of All Funding Streams

The table below brings all of the funding streams together and shows the Actual Revenues and Actual Expenditures for this point in time report. The core funding streams that address the mandated services as outlined in the law make up less than half of the revenue and expenses of the overall Health Department budget.

	Actual Revenues	Percent of total Revenues	Actual Expenses	Percent of total Expenses
Core Funding Streams	\$1,321,031	42%	\$1,309,213	42%
Fiscal Years *	\$858,913	27%	\$757,748	24%
Contracted Years *	\$408,414	13%	\$420,156	13%
Multiple Years*	\$567,099	18%	\$513,963	16%
Rolled Forward Funds	\$1,228	0%	\$151,691	5%
	\$3,156,685		\$3,152,771	
*Contracts for Service				

Core Funding Streams as a Percent of Total Revenues and Expenses:

Source of Revenues that Fund Public Health Services

A common misperception about the funding of the City-County Health Department is that it is primarily funded through local taxes. All of the funding streams except the Core Funding Streams (2270-216 and 2270-428) are funds that originate from the Federal Government and are most often passed through the Montana Department of Public Health and Human Services (MT DPHHS). The Centers for Disease Control and Prevention, the US Department of Agriculture, the Environmental Protection Agency are a few of the more frequent federal sources of these pass through funds from the State of Montana.

The Core Fund (2270) is the only funding stream that receives local revenue from taxes. The remaining sources of funding in the Core Fund are from fees for services, license and inspection fees, miscellaneous sources or transfers.

The taxes received from the Cascade County General Fund (\$478,563) represent 36.2% of the Core Fund and 15.15% of the total revenues for the Health Department. The contribution from the City of Great Falls (\$250,000) represents 18.92% of the Core Fund and 7.92% of the total revenues for the Health Department. The table below breaks out the revenue sources of the Core Funding Streams.

	Amount Budgeted	Actual Amount Received	Percent of Core Revenue	Percent of Total Revenue
Fee for Services	\$361,916	\$402,354	30.46%	12.75%
Taxes - County General Fund	\$478,563	\$478,245	36.20%	15.15%
City of Great Falls Contribution	\$250,000	\$250,000	18.92%	7.92%
Licenses & Inspections	\$95,140	\$130,344	9.87%	4.13%
Inter-fund Transfer	\$67,490	\$67,490	5.11%	2.14%
Misc. Sources	0	\$7,422	N/A	N/A
TOTALS	\$1,171,97	\$1,353,315		

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Contact Information

TANYA HOUSTON
HEALTH OFFICER



Tel 406.791-9260

thouston@cascadecountymt.gov

Cascade City-County Health Department

CCHD

115 4th Street South, Great Falls, MT. 59401

Tel 406.454-6950

Fax 406.454-6959

www.cchdmt.org

